

Population Services International Afghanistan

Ghazni Province Baseline KAP Survey Prevention and Management of Childhood Diarrhea

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Afghanistan



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Report of Ghazni Baseline KAP Survey

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Introduction

Background

Population Services International (PSI) has been funded by USAID to run a national communications campaign for the prevention and management of childhood diarrhoea in Afghanistan. The main channels of communication are radio and interpersonal, through existing networks of health workers. The six core communication messages are:

- increasing fluids during episodes of diarrhoea
- continued feeding and breastfeeding during episodes of diarrhoea (and exclusive breastfeeding to six months)
- recognizing danger signs
- safe disposal of feces
- hand washing at appropriate times
- using safe water and storing it correctly

Intervention

To reach mothers of children under five with its communication messages, PSI has entered into working partnerships with two of the larger NGOs, IbnSina and Swedish Committee for Afghanistan (SCA), who have access to village based health workers.

IbnSina is the largest national NGO delivering health care in Afghanistan in terms of its clinic coverage. It has a well-managed network of 40 clinics managed by six regional offices. In selected districts, IbnSina has appointed female Community Health Supervisors who supervise Village Health Volunteers (VHVs).

SCA is the largest INGO providing health services in Afghanistan and has a network of 167 clinics nationwide. It has a very extensive network of community health workers and Traditional Birth Attendants (TBAs) in eighteen provinces of Afghanistan.

PSI has developed a format for hygiene education sessions at the neighbourhood level, run by health workers such as VHVs and TBAs. Mothers of young children are invited to two meetings, held in a nearby house, one on management, the other on prevention of diarrhoea. About ten mothers attend at a time and refreshments are served.

Health workers are given training in how to run these sessions. They are given a small payment for conducting the meeting and provided with laminated picture cards to use.

The scope of the intervention is as follows:

	IbnSina	Swedish Committee
Number of participating VHVs/TBAs	60	150
Number of neighbourhood meetings	1440	3600
Number of mothers reached	7,200	18,000
Geographical coverage	4 districts in Ghazni Province: Khoja Omeri Maqur Kakrak Karabagh	5 provinces: Ghazni Wardak Logar Paktika - (deferred for Paktya - security reasons)
Timing	April – October 2003	March – October 2003

Methodology

Design

To get a sense of impact of the intervention, a small scale baseline survey plus follow up survey six months later were part of the project design. The baseline survey was carried out in April 2003 in Ghazni province by IbnSina Research Unit staff with technical support by PSI. The survey consisted of a 41 question quantitative questionnaire (see appendix 1) and will be repeated in the same survey sites in October 2003. Any differences in key indicators over time will be noted. The purpose of the survey is not to make any comparison between the IbnSina and SCA interventions since they are different in nature and use health workers with different skill levels. Statistical sampling was NOT used. For the purposes of this survey, it was felt that a snapshot view of impact in two different intervention areas was sufficient to provide useful indicative information to programme managers.

Sample

All interviews were conducted in Ghazni province. Two survey sites were selected: Ramak village in Dehyak district, a SCA intervention area, and three villages (DeAhan, Depaiwand, and Musakhail) in Kakrak district, an IbnSina intervention area. In Ramak, 76 interviews were conducted (58% of the entire sample) and in the three Kakrak villages, 56 interviews were conducted (42% of the total).

Within the survey sites, all mothers who met the interview criteria (had a child under five years) were selected, although no more than one woman was interviewed per household.

Questionnaire Development

A questionnaire was developed which included background socio-economic questions, some knowledge and attitude questions, but mainly behavioral questions. The questionnaire was translated then pre-tested at an IbnSina clinic in Maidan Shah, Wardak Province, in April and subsequent revisions made.

Survey Team and Training

IbnSina supplied two female survey teams, each consisting of a Supervisor plus two interviewers. The teams were given three days of training including a day of field training which was also attended by the PSI Research Consultant. Field training was conducted in Khoja Omeri district in Ghazni.

Field Work

The survey teams spent two days in the three villages in Kakrak province and two days in Ramak, Dehyak from 17-21 April 2003. Due to the number of households in DeAhan village being less than anticipated, interviews were extended to two neighbouring villages (Depaiwand and Musakhail) which will also be part of the project intervention area. A total of 132 interviews were conducted.

Characteristics of the Sample

Half (n=66) of the women had more than one child under five and half (n=66) had only one child less than five years.

The mean age of the mothers was 29 (median 30) and ages ranged from 16 to 45 years.

89% (n=118) of the women had never gone to school and were illiterate.

83% (n=109) of the women's houses were katcha, mud roof and wall. Another 17% (n=23) lived in semi pucca houses, wood roof with concrete wall.

85% (n=112) of the women did not have a skill by which they earned money. Only 9% (n=12) did some tailoring.

49% (n=64) of women reported they had electricity in their households and 83% (n=110) of women said their household owned a radio.

Results

62% (n=82) of women said they listen to the radio of whom 44% (n=36) listened every day in the past month and 31% (n=25) at least once a week in the past month.

69% (n=91) of the women had not come in contact with any health information in the past month. 17% (n=22) had heard a radio spot on diarrhoea and about 10% (n=13) had come into contact with a health worker or dai in the past month.

16% (n=21) of women had a child under the age of six months, of whom 86% (n=18) were being breastfed. About 50% also gave their child other foods or fluids in addition to breast milk.

The most common source of drinking water was an unsafe source - a stream or river (40%). 44% (n=58) of women do something in their home to make the water safe. Of these, 57% let the water settle and 45% boil their water. Households getting water from an unsafe source were not, however, more likely to treat their water than households using safer sources. Almost half (48%) of those using an unsafe source did nothing to treat their water.

Most people store their drinking water in a container (97%) with 72% using jerry cans and 20% using a bucket or open pot. 86% (n=113) of the containers are covered. 67% of respondents pour the water out of the container and 34% use a long handled dipper.

Asked to name the occasions when they washed their hands,
43% (n=57) reported washing their hands after using the bathroom.
28% (n=37) reported washing their hands after changing their baby
52% (n= 68) reported washing their hands after working outside
43% (n=57) reported washing their hands before preparing food
52% (n=69) reported washing their hands before eating
52% (n=69) reported washing their hands for ablutions

81% (n=106) of houses had soap in the house and 87% (n=115) had a specific place for hand washing.

When asked whether they always, sometimes or never washed their hands using soap or ash before or after specific occasions,
43% (n=57) reported never washing their hands with soap/ash before preparing food
43% (n=57) reported never washing their hands with soap/ash before eating food
55% (n=72) reported never washing their hands with soap/ash after using the toilet.
The rest of the respondents were split almost evenly between sometimes and always.

Almost everyone reported using a pit latrine (98%). 62% (n=82) disposed their children's feces in the latrine and 30% (n=39) in an open field.

34% (n=44) of respondents had one of their children have an incident of diarrhoea in the past month.

Of those mothers, 37% (n=17) believed eating too much was the cause of their child's diarrhoea; 26% (n=12) believed dirty hands was the cause; 17% (n=8) believed it was transmitted from their breast milk; 15% (n=7) did not know the cause.

When asked what they did for their child, 28% (n=13) gave a homemade remedy; 26% (n=12) took them to the clinic; 22% (n=10) gave antibiotics; 15% (n=7) gave ORS; 7% (n=3) did nothing.

The drinks that were given during the diarrhoea episode were (multiple responses possible): 27% (n=12) said water; 34% (n=15) said ORS; 36% (n=16) said breast milk; 9% (n=4) said rice water; and 9% (n=4) said sugar salt solution.

The foods that were given during the diarrhoea episode were (multiple responses possible): 61% (n=27) said rice; 27% (n=12) said bread; 27% (n=12) said potatoes; 20% (n=9) said pulses.

During the diarrhoea episode, 35% (n=16) of the women gave more fluids than usual while 44% (n=20) gave less than usual. 20% (n=9) gave the same amount of fluids as usual. During the diarrhoea episode, 54% (n=25) of the women gave less solid or semisolid foods than usual and 33% (n=15) stopped foods completely. It seems the tendency is to decrease fluids and food.

When asked what foods should not be given to a child suffering from diarrhoea: 47% (n=62) said oily foods; 27% (n=36) said foods difficult to digest; 14% (n=18) said solid foods; 11% (n=15) said hot foods (in the sense of temporal quality rather than temperature).

When mothers were asked of the signs and symptoms that would cause them to seek advice or treatment for their child's diarrhoea, 36% (n=48) said weakness or unconsciousness; 31% (n=41) said blood in the stool; 31% (n=41) said a fever; 12% (n=16) said more than 5 days of diarrhoea; 13% (n=17) said vomiting; 13% (n=17) said sunken eyes; 12% (n=16) said they take their child without delay to the doctor.

When asked what important actions a mother should undertake when their child is recovering from diarrhoea, 60% (n=79) said nothing and 12% (n=16) said they did not know.

88% (n=116) of women believed that diarrhoea could be prevented and 89% (n=115) believed that a child could die from diarrhea. This indicates that there is an awareness of a health threat that they believe can be prevented.

Only 33% (n=43) of women reported they had ever received any information about the prevention or treatment of diarrhoea of whom 37% (n=16) received it from a CHW or clinic and 28% (n=12) from family or friends. 16% (n=7) had received some information from the radio.

Conclusions

Of a largely rural and uneducated sample, ownership of radios (at 83%) and even access to electricity (43%) are surprisingly high. Interestingly, in the past month more women had heard a health message over the radio than from a health worker, showing the potential of this medium to reach women. Only a third of women overall, however, had ever received any information about diarrhoea prevention or management. The PSI strategy of mobilizing village health workers to proactively seek out mothers to provide this information therefore appears to make sense since most women are not currently being reached.

The proportion (14%) not breastfeeding babies under six months is high. Reasons for not breastfeeding were not researched. Early introduction of complementary foods, at less than six months, may also be a problem as half the mothers with babies under six months gave other fluids or foods. This survey did not enquire into the age at which other fluids/foods were introduced, however, which might be a useful question to add for future surveys. The neighbourhood meetings will advocate exclusive breastfeeding followed by timely introduction of complementary foods at six months.

While the percentage obtaining water from an unsafe source (40%) is high, water storage practices (86% using covered containers and 100% using a hygienic method to withdraw water) are seemingly very good. These results may be over reported, however, for example if "long handled dipper" was incorrectly defined by our surveyors. It is recommended that PSI field monitors continue to reinforce this message and show health workers what is meant by a long handled dipper.

An unusual finding was that availability of both soap and a hand washing area in the home was very good, but hand washing frequencies were much less good. Hand washing is an area where we would hope to see some improvement over the intervention period. 55% of mothers never washed their hands with soap/ash after using the toilet, which is bound to contribute to transmission of diarrhea causing pathogens. Likewise, with education, the 30% disposing of children's feces in open fields could be reduced.

Knowledge about managing diarrhoeal episodes among children was fairly weak with much scope for improvement over the six month intervention. Eating too much was the most commonly cited reason why the child was thought to have had diarrhea, showing a lack of understanding of transmission routes.

ORS is clearly available and was used by a third of mothers, while continuing of breastfeeding during diarrhoea also seems reasonably good. The problem, however, is the tendency to decrease the overall quantity of fluids and foods given to a child during an episode of diarrhoea. Two major objectives for this intervention will be to achieve a reduction in the 44% who decreased the amount of fluids given and a reduction in the 33% who stopped foods completely during diarrhoea episodes.

There is almost no knowledge of the need to give extra food to a child following a diarrhoea episode. Given the high incidence of diarrhoea among children, educating mothers on this could make a significant contribution to improving nutritional status among children.

Appendix 1

BASELINE SURVEY FOR GHAZNI PROVINCE INTERPERSONAL COMMUNICATION INTERVENTION

Interviews with Mothers with at least one child under five

Household Number: _____ District: _____ Village: _____

No of questionnaire : -----

INFORMED CONSENT

Hello. My name is _____, and I am working with IbnSina. We are conducting a survey and would appreciate your participation. I would like to ask you some questions that will help us assess whether our programs are helping the community. The survey usually takes(30) minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2

IDENTIFICATION

Age of Mother (in years): _____

How many children do you have aged less than five years? _____

	Questions	Coding	Answer
1	Did you go to school?	1. yes 2. no	
2	Can you read either a magazine or news paper?	1. yes 2. no	
3	Do you have a skill by which you earn money? (specify)	1. tailoring 2. weaving 3. selling dairy 4. other (specify) 5. none	
4	Do you have electricity?	1. yes 2. no	

5	Do you own a radio?	1. yes 2. no	
6	Do you hear radio?	1. yes (skip to Q 8) 2. no	
7	In the past month, how often have you listened to the radio? (read out responses)	1. every day 2. at least once a week 3. less than once a week 4. never	
8	During the last month have you come into contact with the following? (read out responses)	1. radio spot on diarrhea 2. health worker or dahie 3. mullah advice on diarrhea 4. hear from husband 5. information from school on hygiene	
9	Main type of construction of dwelling (observe)	1. pucca (concrete wall with concrete or steel roof) 2. semi pucca (wood roof with concrete wall) 3. katcha (mud/thatch roof and wall) 4. tent 5. wooden structure / structure made of reeds and wood only	
10	Do you have any child under the age of six months?	1. yes 2. no (skip to Q 13)	
11	Are you currently breastfeeding this child?	1. yes 2. no (skip to Q 13)	
12	Do you give any other food or fluid besides breast milk, even occasionally?	1. yes 2. no	
13	Where do you obtain the water that you use at home?	1. tap water 2. hand pump 3. closed well 4. open well 5. stream / river / pond 6. vendor 7. other	
14	Do you store your drinking water in a container in your house?	1. yes 2. no (skip to Q 18)	

15	What type of container is the drinking water stored in? (observe)	1. water tank inside the house 2. water cooler 3. jerry can 4. bucket or open pot 5. mutka (Kuza) 6. mushk (special leather pot for water) 7. other	
16	Is the water in the container covered? (observe)	1. yes 2. no	
17	How do you remove water from your container? (observe)	1. long handled dipper 2. scoop or cup 3. pour water out 4. other	
18	Do you do something in your home to make the water safe?	1. yes 2. no (Skip to Q 20)	
19	What do you do? (multiple responses possible)	1. boil 2. let settle 3. filter 4. add chlorine 5. other (Specify)	
20	When do you wash your hands? (multiple responses possible)	1. after using bathroom 2. after changing baby 3. after working outside 4. before preparing food 5. before eating 6. for ablutions 7. other	
21	Do you have soap in the house? (observe)	1. yes 2. no	
22	Do you wash hands with soap/ash before preparing food, never, sometimes or always?	1. never 2. sometimes 3. always 4. do not prepare food	
23	Do you wash hands with soap/ash before eating food never, sometimes or always?	1. never 2. sometimes 3. always	
24	Do you wash hands with soap after using the toilet never, sometimes or always?	1. never 2. sometimes 3. always	
25	Is there a place for hand washing in the house? (observe)	1. yes 2. no	

26	Where do you go to the bathroom?	1. bucket latrine 2. soakpit latrine 3. pour flush 4. open field 5. other (specify)	
27	How do you dispose of children's feces?	1. in latrine 2. in open drain inside the house 3. in open drain outside 4. anywhere in yard 5. open field 6. other (specify)	
28	Has one of your children had diarrhea in the past month?	1. yes 2. no (skip to Q 35)	
29	What caused your child to have diarrhea?	1. ate too much 2. from dirty hands 3. transmit from your breast milk 4. he / she is teething 5. other reason (specify)	
30	When your child had diarrhea, what did you do for him/her? Probe: Did you do anything else? (multiple responses possible)	1. nothing 2. gave ORS 3. gave home fluid 4. took to clinic 5. gave antibiotics 6. gave home-made remedy	
31	What did you give your child to drink when he/she had diarrhea? Probe: Anything else? Probe 2X (multiple responses possible)	1. water 2. ORS 3. breast milk 4. wheat salt solution 5. sugar salt solution 6. rice water 7. soup 8. fruit juice 9. lemon rind tea 10. mint tea 11. water with some food 12. soft drink / soda 13. yoghurt based drink 14. other (specify)	
32	When your child had diarrhea, did you provide him/her with fluids (inc. breast milk) more than usual, same as usual, less than usual or did you stop completely?	1. more than usual 2. same as usual 3. less than usual 4. stopped completely	

33	What did you give your child to eat when he/she had diarrhea? Probe: Anything else? Probe 2X	1. rice 2. nan 3. pulses 4. potatoes 5. vegetables 6. meat or fish 7. added oil 8. yoghurt 9. fruit 10. other (specify)	
34	When your child had diarrhea, did you give him/her solid or semisolid foods more than usual, the same as usual, less than usual or you stopped completely?	1. more than usual 2. same as usual 3. less than usual 4. stopped completely	
35	What are the foods that should not be given to a child suffering from diarrhea? Probe: Anything else? (multiple responses possible)	1. solid foods 2. oily foods 3. foods difficult to digest (give examples) 4. hot foods (give examples) 5. cold foods (give examples) 6. semi-solid foods 7. water 8. liquids 9. fruit 10. other (specify)	
36	What signs and symptoms would cause you to seek advice or treatment for a child's diarrhea? (multiple responses possible)	1. weak or unconscious 2. pinched skin remains wrinkled 3. fever 4. blood in stool 5. more than 5 days 6. protracted vomiting 7. sunken eyes 8. child unable to drink 9. without delay take to doctor. 10. Other (specify)	
37	What are important actions a mother should do when a child is recovering from diarrhea?	1. give an extra meal for two weeks 2. feed more until child previous weight as before 3. other (specify) 4. nothing 99. Don't know	

38	Do you believe that diarrhea can be prevented?	1. yes 2. no (give a reason)	
39	Do you think a child can die from diarrhea?	1. yes 2. no	
40	Have you received any information about prevention or treatment of diarrhea?	1. yes 2. no (Thank interviewee and end interview)	
41	Where did you receive this information? (multiple responses possible)	1. radio 2. CHW or clinic 3. TBA/VHV in neighborhood meeting 4. family or friends 5. other (specify)	

Thanks for interview and end of interview.

Name of interviewer
Cross check

date
date

signature
signature